



Department Of Economic Security, Division Of Children,

Youth And  
Families

# PROVIDER REVIEW

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## Measles Outbreak

Measles Outbreak (Continued)	2	Pima County is experiencing an ongoing measles outbreak. To date, there have been 14 confirmed cases of measles in Arizona since February 2008. Also, Pinal County Department of Health reported a laboratory confirmed measles case!	highlights the risk of measles importation into any community and the burden of measles cases on health care facilities. <b>ADHS encourages all health care providers and all health care facilities statewide to evaluate the immune status of health care workers for measles and to have susceptible individuals vaccinated.</b>
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Dental Care	3	Pinal County, in conjunction with the Arizona Department of Health Services (ADHS), is recommending an accelerated measles vaccination schedule for all children in Pinal County: one measles vaccine dose for children 6 to 11 months and those children who have received one dose of measles vaccine at age one or older should receive their second dose as soon as possible, with a minimum of 28 days between vaccinations.	Measles is highly contagious, so there is a risk of measles spreading to other counties. Therefore, all clinicians need to 1) Be aware of how to identify measles, 2) Put suspected measles cases in airborne (negative pressure) isolation immediately, 3) Contact their county or tribal health department immediately. Your local health department will help you obtain rapid measles testing by serology and by nasopharyngeal and urine viral cultures.
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Two Quick Ways to Verify CMDP Eligibility/ Claims	8	[See Centers for Disease Control and Prevention. Measles, Mumps, and Rubella —Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1998; 47 (No. RR-8): 1-58 at <a href="http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf">http://www.cdc.gov/mmwr/PDF/rr/rr4708.pdf</a> ].	Please see the ADHS measles website for measles information for clinicians and families ( <a href="http://www.azdhs.gov/phs/oids/epi/disease/measles/measles_g.htm">http://www.azdhs.gov/phs/oids/epi/disease/measles/measles_g.htm</a> ). The Centers for Disease Control and Prevention measles website can be found at <a href="http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm">http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm</a> . For further questions, please contact your local health department or the Office of Infectious Disease Services at (602) 364-3676.
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		A health care worker is defined as any person (i.e., medical or non-medical, paid or volunteer, full- or part-time, student or nonstudent, with or without patient-care responsibilities) who works at a facility that provides health care to patients (i.e., inpatient and outpatient, private and public). This outbreak	(Article Continued on Page 2)

## Measles Outbreak (continued)

- There are seventeen confirmed cases of measles in Arizona.
- The outbreak has been located in Pima County so far. However, health care providers need to be on the lookout in other counties and in other states.
- From January 1 – April 25th, 2008, 64 measles cases were reported in the US.
- 1 in 5 of these cases have been hospitalized, no deaths.
- 84% of these cases were importation-associated.
- Almost all of the 64 case-patients were unvaccinated or had unknown or undocumented vaccination status.
- Of the 501 measles cases reported in the U.S from 2000 to 2007, 1 in 4 was hospitalized and 1 in 250 died.
- Measles is a highly contagious viral disease that spreads through the air.
- Measles starts with a high fever, red eyes, cough, runny nose, and feeling very sick. It takes 2-4 days of fever and cough before red spots start appearing on the face and upper body.
- Measles is so contagious that it can spread even when most people in the community have been immunized.
- Susceptible people include the immunocompromised, infants under 1 year of age, and people who have not been vaccinated.
- People with measles should not stay out in a waiting room. If a person has a fever and a rash, or a fever and red eyes, they should call their provider or clinic before going to the office, so they can be examined quickly without exposing others.
- Before introduction of measles vaccination in 1963, about 3–4 million persons in the U.S. developed measles annually with 400–500 deaths and 48,000 hospitalized per year.
- 1,000 developed chronic disability from measles encephalitis prior to measles vaccination.
- 30% of people infected with measles develop one or more complications including pneumonia, ear infections, diarrhea, seizures, and encephalitis.
- Pneumonia is the most common cause of death from measles.
- About 1:1000 develop encephalitis (brain infection) which can have permanent brain damage.
- WHO estimates that worldwide in 2004, there were more than 30 million cases of measles and 454,000 deaths from measles.
- Vaccination is the best protection against measles. People born after 1956 need to have received two doses of measles vaccine.
- Healthcare personnel should have documented evidence of measles immunity readily available at their work location.
- ADHS is working with Pima County, health care facilities, and CDC to stop the spread of the outbreak.

## 1 in 4 Teen Girls has a Sexually Transmitted Disease

At least one in four teenage girls nationwide has a sexually transmitted disease, or more than 3 million teens, according to the first study of its kind in this age group. A virus that causes cervical cancer is by far the most common sexually transmitted infection in teen girls aged 14 to 19, while the highest overall prevalence is among black girls - nearly half the blacks studied had at least one STD. That rate compared with 20 percent among both whites and Mexican-American teens, the study from the federal Centers for Disease Control and Prevention found.





**DR. C says.....**

## Oral Disease Prevention

**By Dr. Jerry Caniglia, Dental Consultant**

Dental and medical professionals should work together to prevent the onset of oral disease in children.

The medical profession has established standard well child-care visits, which includes preventive services and necessary care as well as providing practical developmentally appropriate health information. Pediatricians will likely see a well child perhaps ten times before the age of 3 years.

These early medical well child visits provides health care professionals the opportunity to introduce and discuss infant oral health-care. Early education and guidance for the parent is important in order to anticipate and maintain the proper health of their child.

Medical education is generally lacking in regards to dental health. Among practicing physicians, knowledge and practice of dental prevention and infant oral health care vary greatly.

Dentists have a responsibility to educate and encourage medical professionals to perform caries risk assessments in order to recognize the presence of oral disease. If the child is determined to be at high risk for dental caries, then a referral to the dentist should occur. A referral to the dentist (by age one) allows for early preventive services and necessary care as well as establishing a dental home.

The dental and medical professions, working in concert in prevention and early intervention, would substantially reduce oral disease and improve the health of Arizona's children.

### DENTAL CARE

An oral health screening should be part of an EPSDT screening done by a PCP. It does not take the place of an exam through a direct referral to a dentist. Members do not need a referral from their PCP and can see any dentist listed in the CMDP Provider Directory.

The American Academy of Pediatric Dentistry recommends dental visits begin by the age of **one year old**. All members by the age of three should **see the dentist twice a year** for routine exams, and more often if needed.

Routine dental services are covered by CMDP. A dentist needs approval in advance (PA) for major dental services. The following is a list of covered dental services:

- Dental exams and X-rays
- Treatment for pain, infection, swelling and dental injuries
- Cleanings and fluoride treatments
- Dental sealants
- Fillings, extractions and medically-necessary crowns
- Pulp therapy and root canals
- Dental education

### Dental X-Rays

Dental x-rays are not necessary to process claims when a prior authorization (PA) request has already been obtained during the pre-determination process, or when a PA is not required for a particular service.

In an emergency situation, providers may perform services without obtaining a PA. In this situation, in order to obtain a retro authorization, a provider will need to provide the following:

- Written documentation attached to the claim and
- Dental x-rays when appropriate.

If you have any questions regarding which services require a PA, please contact either:

- Medical Services Unit for assistance at 602-351-2245 or 1-(800) 201-1795 or,
- Refer to the Dental Matrix on the CMDP website [www.azdes.gov/dcyf/cmdpe](http://www.azdes.gov/dcyf/cmdpe) or,
- Contact Provider Services at 602-351-2245 or 1-(800)201-1795 for a hard copy of the Dental Matrix.



## Decreasing RSV Activity in Arizona

A total of 2,234 cases of laboratory-confirmed Respiratory Syncytial Virus (RSV) have been reported to the Arizona Department of Health Services (ADHS) between October 7th, 2007 and March 29th, 2008. Peak RSV activity was reported the week ending February 9th, 2008.

Reported RSV cases have declined in the past month especially in the last two weeks. Sixty cases were reported the week ending March 22nd, and 49 cases were reported in the week ending March 29th. Based on historical data, RSV activity should continue to steadily decrease and withdraw in the next 4-6 weeks. Providers may wish to use this information to determine when to stop administering RSV immunoglobulin for high-risk infants. RSV has been a laboratory-reportable disease since October 2004. Therefore, ADHS will send out electronic notification to providers each fall when laboratory reports show that RSV season is starting in Arizona.

This information is included on the ADHS influenza website at [http://www.azdhs.gov/phs/oids/epi/flu/az\\_flu\\_surv.htm](http://www.azdhs.gov/phs/oids/epi/flu/az_flu_surv.htm) 008. Peak RSV activity was reported the week ending February 9th, 2008. Reported RSV cases have declined in the past month, especially in the last two weeks. Sixty cases were reported the week ending March 22nd, and 49 cases were reported in the week ending March 29th. Based on historical data, RSV activity should continue to steadily decrease and withdraw in the next 4-6 weeks. Providers may wish to use this information to determine when to stop administering RSV immunoglobulin for high-risk infants. RSV has been a laboratory-reportable disease since October 2004. Therefore, ADHS will send out electronic notification to providers each fall when laboratory reports show that RSV season is starting in Arizona. This information is included on the ADHS influenza website at [http://www.azdhs.gov/phs/oids/epi/flu/az\\_flu\\_surv.htm](http://www.azdhs.gov/phs/oids/epi/flu/az_flu_surv.htm)

## Arizona Newborn Screening Program

The Arizona Department of Health Services' Newborn Screening Program began testing newborns for cystic fibrosis (CF) in October and has already identified six babies who will benefit from early diagnosis and treatment. When newborn screening detects CF early, treatment can begin right away. Without newborn screening, a child with CF may not be diagnosed for several years, especially if the child does not have specific symptoms and the parents are unaware of any family history of the disorder. The Arizona Newborn Screening Program administers all newborn screening activities throughout the state. These activities include testing of specimens; coordination with consulting specialists, physicians, and hospitals; follow-up of abnormal test results; education of health professionals and the general public; and monitoring of data associated with testing, billing for tests, follow-up and educational activities. For more information, please visit [www.AZNewborn.com](http://www.AZNewborn.com)

### For Information Only New AAP Policy Statement Addresses Cardiovascular Monitoring and Stimulant Drugs for Attention-Deficit/Hyperactivity Disorder

The American Academy of Pediatrics (AAP) is providing an early release of a new policy statement entitled "Cardiovascular Monitoring and Stimulant Drugs for Attention-Deficit/Hyperactivity Disorder (ADHD)." This statement will be published later in *Pediatrics*. The AAP policy statement was developed in response to a scientific statement published by the American Heart Association (AHA) in the May 6, 2008 issue of the journal *Circulation* recommending that children taking stimulant medications for ADHD receive an ECG (an online version was published April 21, 2008).

The AAP does not recommend screening ECGs unless the patient's history, family history or the physical examination raises concerns. Listed below is the new AAP statement, the original AHA scientific statement, the erratum to the AHA statement, and an AAP/AHA clarification statement.

- 1) [AAP Policy Statement](#) on Cardiovascular Monitoring and Stimulant Drugs for AD/HD
- 2) [AHA Scientific Statement](#) on Cardiovascular Monitoring of children and adolescents with heart disease receiving stimulant drugs
- 3) [Erratum to the AHA Scientific Statement](#) on Cardiovascular Monitoring of Children and Adolescents with Heart Disease Receiving Stimulant Drugs
- 4) [AP/AHA Clarification Statement](#) on Cardiovascular Evaluation and Monitoring of Children and Adolescents with Heart Disease receiving Medication for ADHD [press release]

# FDA Alerts/Black Box Warnings

## Singulair

Singulair® (montelukast) tablets/Merck  
April 2008

The FDA is informing healthcare professionals and patients of its investigation of a possible association between Singulair and behavior and mood changes, suicidality (suicidal thinking and behavior), and suicide.

- Singulair is indicated for the treatment of asthma and symptoms of allergic rhinitis and the prevention of exercise-induced asthma.
- Healthcare professionals should monitor patients taking Singulair for these types of changes.
- Patients should talk to their healthcare providers if they have questions about the new information.
- Patients should not stop taking Singulair before talking to their healthcare providers.
- The FDA may take up to nine months to complete its investigations before sharing its conclusions and recommendations with the public.

## Solodyn

Solodyn® (minocycline HCL) tablets/Medicis  
May 19, 2008

Medicis is voluntarily recalling certain lot numbers due to reports that another medication, Azasan (azathioprine) may actually be present in the Solodyn extended release tablets. Azasan is an immunosuppressive agent used in transplant patients to prevent rejection and also to treat rheumatoid arthritis. This may present a health and safety risk to patients. Side effects associated with Azasan include infection, bleeding, chills, nausea, vomiting, diarrhea and a decrease in the number of red and white blood cells and platelets. The recall is limited to the effected lot numbers manufactured in February 2008.

## Tilade

Tilade® (nedocromil sodium) inhalation aerosol/King  
April 30, 2008

King Pharmaceuticals has decided to discontinue the manufacture of Tilade inhalers. The decision was said to have been based on several production and marketing factors including King Pharmaceuticals' inability to find a qualified manufacturer for a chlorofluorocarbon propellant inhaler. It is important to note that this market withdrawal is strictly a business decision based on production and marketing concerns on the part of King Pharmaceuticals. There are no safety concerns associated with Tilade.

## Digitek

Digitek® (digoxin) tablets/Mylan  
April 28, 2008

The voluntary all lot recall is due to the possibility that tablets with double the appropriate thickness may have been commercially released. These tablets may contain twice the approved level of

active ingredient than is appropriate. Digitek is used to treat heart failure and abnormal heart rhythms. The existence of double strength tablets poses a risk of digitalis toxicity in patients with renal failure. Digitalis toxicity can cause nausea, vomiting, dizziness, low blood pressure, cardiac instability and bradycardia. Death can also result from excessive Digitalis intake. Several reports of illnesses and injuries have been received.

## Lanoxin

Lanoxin® (digoxin) tablets and generic forms  
May 13, 2008

All products are involved in a nationwide shortage and are on back-order from the manufacturer and are on allotment from the wholesalers. This is a result of a manufacturing problem and also due to the recall of certain lots of Digitek in April. The subsequent increased demand on the remaining digoxin products has resulted in a shortage of available oral digoxin. Digoxin is a critical cardiovascular drug that may result in life-threatening consequences if not taken.

## Cellcept

Cellcept® (mycophenolate mofetil MMF) tablets  
May 16, 2008

The FDA is aware of reports of infants born with serious congenital anomalies, including microtia and cleft lip and palate, following exposure to mycophenolate mofetil (MMF) during pregnancy. In most cases, the mothers were taking MMF following an organ transplant to prevent organ rejection. However, some mothers taking MMF were being treated for immune-mediated conditions such as systemic lupus erythematosus (SLE) and erythema multiforme. Treatment began before their pregnancies and continued into the first trimester or until the pregnancy was detected. MMF and its substances increase the risk of spontaneous abortion in the first trimester and can cause congenital malformations in the offspring of women who are treated during pregnancy. The labeling for MMF was revised in November 2007 to change the Pregnancy Category to "D" (positive evidence of human fetal risk, but potential benefits may warrant use of the drug in pregnant women despite the potential risk) and to add these findings about the risk of early pregnancy loss and congenital malformations to the boxed warning.

## Generic Additions and Changes:

### Paxil CR

Paxil CR® (paroxetine HCL) tablets/Mylan  
Mylan has launched a generic form of Paxil CR labeled Paroxetine HCL Extended-Release (ER) tablets.

### Precose

Precose (acarbose) tablets/Roxane Laboratories, Inc. and Cobalt Laboratories  
Roxane and Cobalt Laboratories have launched a generic form of Precose labeled Acarbose tablets for those with Type II Diabetes.

## What is EPSDT and what does it cover?

EPSDT stands for Early Periodic Screening, Diagnosis and Treatment. The EPSDT program provides all medically necessary healthcare for the infant, child and adolescent in foster care. These services include: a complete health history and physical exam, growth, development and nutrition checks, immunizations, blood and urine tests, vision and hearing testing, behavioral health screening, dental care, and the follow-up and referral of any medically-necessary healthcare services, such as eyeglasses and hearing aids, when appropriate.

The EPSDT program is probably the most comprehensive well-child service package offered under any healthcare insurance. It is important to make sure that all children in foster care receive the appropriate well-care visits. The required EPSDT visits for CMDP follow those intervals set by the American Academy of Pediatrics.

**There are 10 visits required in the first 24 months of life!**

- ❖ Two (2) to Four (4) days
- ❖ One (1) month
- ❖ Two (2) months
- ❖ Four (4) months
- ❖ Six (6) months
- ❖ Nine (9) months
- ❖ Twelve (12) months
- ❖ Fifteen (15) months
- ❖ Eighteen (18) months
- ❖ Twenty-Four (24) months

**After the age of 2, children and youths require an annual EPSDT until their 21<sup>st</sup> birthday.**



## Billing PEDS Tool

To begin billing for the Developmental Screening using the PEDS (Parent Evaluation of Developmental Status) Tool, the provider must complete training at [www.azaap.org](http://www.azaap.org) under the PEDS heading. This will trigger AzAAP to alert AHCCCS and the AHCCCS Health Plans that you have completed the training. PEDS Tools can be completed on CMDP members, ages 0-8, who you feel would benefit from having the Tool done. There are over 5,000 CMDP members that are eligible for the PEDS Tool. Please remember that CMDP is not limiting the use of the tool to just NICU grads because we have such a fragile population of children who may have been neglected and who could benefit from the use of the tool.

When billing **use code 96110 with an EP Modifier**. Attach the **PEDS Interpretation and the PEDS Score forms** with the claim for processing. Claims will be denied if the forms are not attached when processing the claim.

**Always Remember, please....**

- Use the EP Modifier when submitting a claim
- Always attach the PEDS Interpretation and the PEDS Score Forms to the claim
- Eligible children are not just NICU grads but ages 0-8

For questions contact the Claims Department at 602-351-2245 or 1-(800) 201-1795.

# Bilateral Procedures

AHCCCS billing rules for dates of service on and after 01/01/2008 require that providers (both professional and OPFS) bill bilateral procedures as a single line with the “50” modifier and the appropriate # of units per the example below.

- Line 1 of the claim – Procedure NNNNN, with a “50” (bilateral service) modifier, 1 unit, and full charges.  
Fee Schedule Amount is \$100.00.  
This service would then value at 150% of the fee schedule for the single unit of service or \$150.00.

In the event that there are two bilateral procedures on the same claim the primary bilateral procedure and the secondary bilateral procedure would be reported and processed as noted in the example below.

- Line 1 of the claim – Procedure NNNNN, with a “50” (bilateral service) modifier, 1 unit, and full charges.  
Fee Schedule Amount is \$100.00.  
This service would then value at 150% of the fee schedule for the single unit of service or \$150.00.
- Line 2 of the claim – Procedure MMMMM, with a “50” (bilateral service) modifier and a reported or systematically inferred “51” (multiple procedure) modifier, 1 unit, and full charges.  
Fee Schedule Amount is \$50.00.  
*(Assuming this is the secondary procedure) this service would then value at 50% of 150% of the fee schedule for the single unit of service or \$37.50.*

# Billing Errors

Due to National Provider Identifier (NPI) changes we are seeing an increase in provider billing errors. Therefore the below samples will ensure proper billing and thus prevent claims being denied erroneously. The most common error is the legal pay to/billing name submitted on the CMS-1500 (08/05), Box 33, does not match the legal pay to /billing name submitted on your W-9 form on file with CMDP.

The two (2) most common types of billing for medical providers are:

## Direct Pay

The treating physician is to be paid directly to their individual Taxpayer ID.

For example: Dr John Doe is the legal pay to name submitted on the W9 form, this name should be in Box 33

Box 31	Box 32	Box 33	
John Doe, MD	Treating location name	John Doe, MD PC	Phone
	Physical location Address	Billing Address	
	Physical City, State Zip	Billing City, State, Zip	
	32a. NPI #/AHCCCS #	32b.	33a. NPI #      33b. AHCCCS #

## Group/Corporation Billing

The treating physician is paid via a Group/Corporation Taxpayer ID

For example: ABC Medical employs Dr. John Doe then the legal pay to name on the W9 form should be in Box 33.

Box 31	Box 32	Box 33	
John Doe, MD	Treating location Name	ABC Medical	Phone
	Physical location Address	Billing Address	
	Physical City, State Zip	Billing City, State, Zip	
	32a. NPI #/AHCCCS#	32b.	33a. NPI #      33b. AHCCCS #

Thank you for your help as we work together to provide quality and timely health care services for Arizona’s children in foster care.



## Two Quick Ways to Verify CMDP Eligibility/Claims

You can now check CMDP's Claims Status and Member Eligibility on line at the CMDP/DES website, [www.azdes.gov](http://www.azdes.gov). Once you have logged into the web site:

- Click **MEDICAL** (Left side of screen) for a drop-down menu
- Click on **Comprehensive Medical and Dental Program**. This will bring you to the CMDP website.
- Click **PROVIDER SERVICES** (Left side of screen).
- From there it gives you the option to choose either the Claims Lookup or the Members Lookup. Once you have selected either one of these options follow the step-by-step directions.

**You will need to use the CMDP Member ID number, your AHCCCS ID number, and the Dates of Service.** If you need assistance with eligibility please contact the Member Service Unit. You can also verify eligibility via e-mail.

You will receive a prompt response.

**Member Services e-mail addresses:**

**MariaVillanueva@azdes.gov**

**LMoore@azdes.gov**

**RosemaryCelaya@azdes.gov**

If you need assistance with Claims, please contact the Claims Unit. For general information in navigating through these systems, please contact your Provider Representative. All three of these Units can be reached at (602) 351-2245 or (800) 201-1795.

## The Impact of Cultural Competence on Clinical Outcomes

Cultural competence can have a real impact on clinical outcomes. Ignoring culture can lead to negative health consequences in many ways. For example, patients may choose not to seek needed services for fear of being misunderstood or disrespected, and patients may not adhere to medical advice because they do not understand or do not trust the provider. Providers may not order appropriate tests or medical interventions due to cross-cultural misunderstandings.

- Providers may miss opportunities for screening because they are not familiar with the prevalence of conditions among certain minority groups.
- Providers may lack knowledge about traditional remedies, leading to harmful drug interactions.
- Providers may make diagnostic errors resulting from miscommunication.
- Providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient's description of symptoms. Alternatively, providers may order more diagnostic tests to compensate for not understanding what their patients are saying.

However, cultural competent health care could result in more successful patient education, because culturally competent clinicians can target, tailor and communicate health related messages more effectively.

- Increases in patients' health-care seeking behavior by improving trust and understanding between clinician and patient.
- More appropriate testing and screening because clinicians will have more knowledge about the genetic background, risk exposure and common health-related behavior in various cultural groups.
- Fewer diagnostic errors as result of more comprehensive and more accurate medical histories.
- Avoidance of drug complications by discovering home or folk remedies used by patients.
- Greater adherence to medical advice because clinicians establish a treatment plan that is most consistent with the patient's cultural beliefs and lifestyle.
- Expanded choices and access to high-quality clinicians, because patients are no longer restricted to a small pool of clinicians who share their language and culture.



# No Collection Action Against Foster Caregivers

**Do Not Request Payment from or Bill Foster Caregivers for Services Rendered to CMDP Members.**

**Please Remember, No Collection Action Against Foster Caregivers.**

**In accordance with Arizona Administrative Code R6-5-6006**, CMDP Foster Caregivers and CMDP Members are not responsible for any medical and dental bills incurred. Please note that requesting payment from, sending a bill to, or initiating collection against a foster caregiver or member is prohibited, and is in violation of Federal and State Law. **Additionally, civil penalties may be assessed if a provider continues billing or takes collection action towards a CMDP Foster Caregiver or a CMDP Member for charges.**

**For questions, please contact the Member Services Department at (602) 351-2245 or 1-(800) 201-1795.**

<b>CMDP Contacts: (602) 351-2245 (800) 201-1795</b>	<b>“Web Corner”</b>
<p><u><b>MEMBER SERVICES:</b></u> To verify a member’s eligibility, choose any of these options: **Please have member’s name, date of birth, date of service &amp; ID #.</p> <p>CMDP offers our providers eligibility verification via</p> <ul style="list-style-type: none"><li>• Phone (602) 351-2245, (800) 201-1795</li><li>• FAX (602) 264-3801</li><li>• Internet Website: <a href="http://www.azdes.gov/dcyf/cmdpe">www.azdes.gov/dcyf/cmdpe</a></li></ul> <p><u>Phone:</u> Option 1 for English, Option 2 –if you are calling from a provider’s office, then Option 1</p> <p><u><b>PROVIDER SERVICES:</b></u> Option 1, Option 2, then Option 3 For all your concerns, Provider Services will assist you or direct you to the appropriate department.</p> <p><u><b>CLAIMS:</b></u> Option 1, Option 2 then Option 3 For verification of claim status, please select the options listed above for a claims representative.</p> <p><u><b>CLAIMS MAILING ADDRESS:</b></u> CMDP 942-C, PO BOX 29202, PHOENIX, AZ 85038-9202</p> <p><u><b>MEDICAL SERVICES:</b></u> Option 1, Option 2 then : Hospitalizations.....Option 7 Prior Authorizations: Medical.....Option 5 Dental.....Option 4 Pharmacy.....Option 8 Behavioral Health...Option 6</p> <p><b>Please contact Medical Services with any questions regarding the medical needs of our members.</b></p>	<p>The following is a list of websites we recommend to assist your office. If there are any other websites you wish to add and share with other providers please contact Provider Services and we will add them to our next newsletter.</p> <p><u>CMDP’s Website:</u> <a href="http://www.azdes.gov/dcyf/cmdpe">www.azdes.gov/dcyf/cmdpe</a></p> <p>Your location for an updated:</p> <ul style="list-style-type: none"><li>• Provider Manual</li><li>• Newsletters</li><li>• Member Handbook</li><li>• Preferred Medication List (PML)</li><li>• Forms</li><li>• Provider Directory</li><li>• Member Eligibility Verification</li><li>• Claims Status</li></ul> <p><b>UPDATED AHCCCS FEE SCHEDULE,</b> <b>Provider Manual</b> , EPSDT forms and more available at: <a href="http://www.azahcccs.gov">www.azahcccs.gov</a></p> <p><b>CHILDREN’S REHABILITATIVE SERVICES (CRS),</b> information and referral forms: <a href="http://www.hs.state.az.us/phs/ocshcn/crs/index.htm">www.hs.state.az.us/phs/ocshcn/crs/index.htm</a></p> <p><b>VACCINES FOR CHILDREN (VFC) Program:</b> <a href="http://www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm">www.cdc.gov/nip/vfc/Provider/ProvidersHomePage.htm</a></p> <p><b>Every Child by Two Immunizations:</b> <a href="http://www.ecbt.org">www.ecbt.org</a></p> <p><b>ASHS and TAPI:</b> <a href="http://www.whymmunize.org/us.htm">www.whymmunize.org/us.htm</a></p> <p><b>American Academy of Pediatrics:</b> <a href="http://www.aap.org">www.aap.org</a></p> <p><b>Equal Opportunity Employer/Program. This document available in alternative formats by contacting Provider Services.</b></p>